

A statewide committee appointed by the Director of the Department of Health and Welfare "to provide counsel to the Department in administering the EMS Act"

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National EMS Scope of Practice Model

IDAHO EMSAC News

EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE NEWSLETTER

A report was given by Bureau Chief Dia Gainor, concerning the first draft of *The National EMS Scope of Practice Model*. This document is the next step in implementing the EMS Agenda for the Future: A Systems Approach. It is available for review at the website www.emsscopeofpractice.org.

In the current EMS system, there has not been a national EMS education master plan.

The names and levels of EMS providers can vary from state to state. EMS scope of practice is driven by National Standard Curricula and EMS education is based on perceived need rather than practice analysis and research. Additional problems of today's EMS system that also need to be addressed are the development of an EMS career ladder, the inability of EMS providers to assist patients with minor health problems and the common practice of transporting all EMS patients to acute care facilities

Although the task of developing EMS National Standard Curricula (NSC) was previously undertaken by the National Highway Traffic Safety Administration (NHTSA), it will no longer be

the source of these products. With the EMT-Basic NSC already 10 years old, it is time for this product to be revised soon. It was concluded that revisions to curriculum were inappropriately driving changes to scope of practice. A better approach would be for subject matter experts to develop the standard core content of the EMS provider

names are whether the names are descriptive and useful for public understanding and do they describe a logical progression of professional preparation.

Each level includes all of the skills of the previous level. The next consideration is whether these 4 levels are appropriate and if the number of levels should increase or

decrease. A common concern is the apparent loss of the "Intermediate" level EMS provider. Although the Emergency Medical Technician scope of practice ex-

pands on the current scope of the EMT-Basic to include multi-lumen airways, it does not include IV administration or ET Intubation. Additional questions regarding the Advanced Practice Paramedic include whether there is a need for this level and whether the

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www.emsscopeofpractice.org.

in general, and then develop the corresponding scope of practice by level. Once these are defined, then the educational standards would follow.

A group of physicians have already completed the recommended core content for EMS providers, and the draft Scope of Practice Model is now available for review and public comment.

Significant changes include proposed new names for EMS providers and additional interventions allowed in the various levels. The four levels defined in the document include the Emergency Medical Responder, the Emergency Medical Technician, the Paramedic and the Advanced Practice Paramedic. Questions to consider regarding these

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National Scope of Practice Model

educational system can meet anticipated needs of training. Other concerns are whether physicians will be willing to provide medical direction for this level and if a change in reimbursement rates occur whether they will be commensurate with provided services.

Other considerations concerning the entire proposed model are whether local EMS systems have the management expertise and financing to support more sophisticated future operations, public acceptance of the new model and level of support by other health care workers.

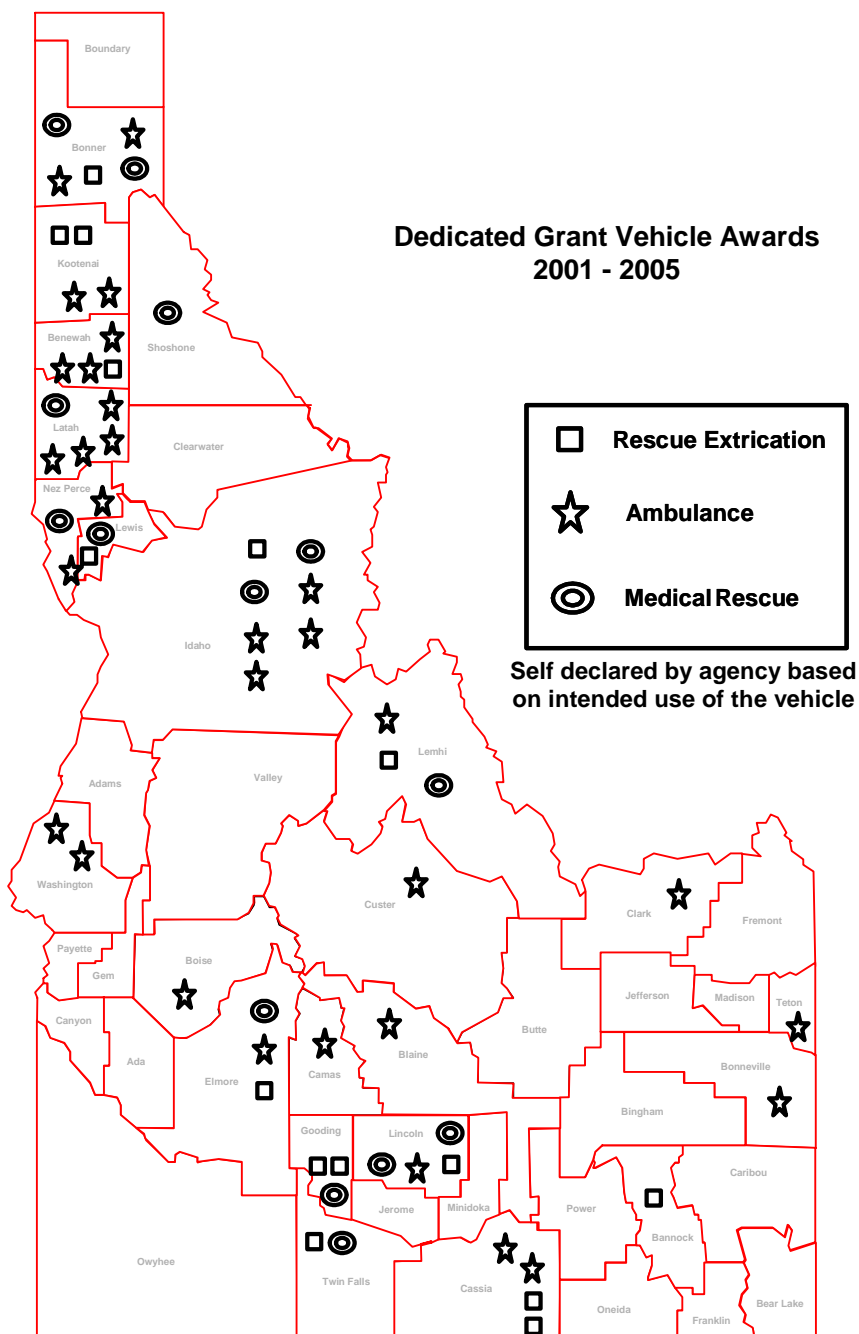
The public comment period is now open for this draft version. Comments from national groups are actively being sought, as well as comments from multi-state or state level organizations. Comments from other EMS system representatives such as regional EMS councils and EMS agencies, as well as

individual EMS providers, are also welcome. However, comments from the larger and more representative groups will take precedence over individual comments.

Comment submission directions are on page v. in *The National EMS Scope of Practice Model*, which can be downloaded at the website www.emsscopeofpractice.org. Comments will be accepted until January 30, 2005. A National Review Team will meet in the Spring of 2005 to review the comments. A final document with EMS Scope of Practice recommendations is due to NHTSA by September 2005.

A recommendation was made for EMSAC to submit a consensus document commenting on *The National EMS Scope of Practice Model* prior to the January 30, 2005 deadline. On the morning of December 9, a meeting will be held in conjunction with the regularly scheduled EMSAC session from 9:00 until 11:00 a.m. at the Ameritel Boise Spectrum. Written comments can be submitted to the EMS Bureau prior to this meeting. This workgroup will develop national EMS Scope of Practice Model comments for submission. EMS system administrators, medical directors and EMS providers are all welcome to submit comments and/or attend the scheduled meeting.

Although implementation of the new model will likely not occur for five or more years, now is the time to comment on the future of the national EMS system.



EMSAC SUB-COMMITTEE, TASK FORCE and ADVISORY COMMITTEE REPORTS

AIR-MEDICAL

The Notification Policy document now includes a weather shopping statement. The sub-committee discussed the number of flight following phone calls made to State Comm during a flight.

AIR-MEDICAL UTILIZATION CRITERIA TASK FORCE

John O'Hagan was elected chair of this task force. They are using the Model Air Medical Dispatch Guideline as a document template. The next meeting will overview rule authority and context.

DISCIPLINARY

A complaint was filed regarding a person who completed an EMT course, but did not complete testing. The individual is responding to calls and representing himself as an EMT. Further information was requested by the committee.

EDUCATION

The Emergency Medical Technician– Intermediate (EMT-I) curricula has been received from ISU developers. A Power Point presentation and the associated lesson plans will be forthcoming. A basic CISM training was held in Chubbock and Eagle. An advanced course is planned for Nov 29-30 in Eagle. The revised version of the Training Standards Manual was reviewed with notable additions of expanded information on course, instructor and course co-ordinator guidelines. An addition to the Appendix section was a list of Adult Instructional Methodology courses approved and commonly available, identified as Appendix B.

EMS-C

Dr. Ken Bramwell was elected the new chair. Thanks to Dr. Christensen for all his hard work and dedication. Recommendation was made to continue efforts to develop a statewide database for communicating special health care needs of pediatric patients to prehospital personnel. The Sub-Committee discussed the obligation of EMS providers to report suspected child abuse. Providers can call 311-Child Protective Services if they are suspicious of abuse.

GRANTS

The FY05 Dedicated and Training grant distribution reports were reviewed.

LICENSURE

- Boise Fire: Upgraded from BLS Non-Transport to ALS Non-Transport. Recommended approval is contingent upon final inspection of personnel, equipment and protocols.
- Minidoka County Fire: Initial BLS Non-Transport request. Recommended approval is contingent upon final inspection of personnel, equipment and protocols.

- Sagle Fire: License modification from ILS Non-Transport to ILS Transport.
- Sandpoint Fire: License modification from ILS Non-Transport to ILS Transport.
- St. Alphonsus: Adding ground ambulance to support existing flight operations.

MEDICAL DIRECTION

Recommendation was made for the EMS Bureau to facilitate a formal meeting with key Board of Medicine physicians, staff and EMSAC Medical Direction Sub-Committee members for formal clarification/update regarding the current version of new draft rules.

MEMBERSHIP TASK FORCE

The draft EMSAC Policy and Procedure Manual was reviewed. Recommendations defining ad hoc Sub-Committee member policy were approved.

TRAUMA REGISTRY ADVISORY COMMITTEE

John Cramer gave a presentation describing definitions and identifying data point set for collection in the Trauma Registry. Purchase specifications are being crafted for the forthcoming Request for Proposal to vendors. A request was made for an annual report to EMSAC on the registry process.

Idaho EMS Bureau Staff Changes

Arrivals:

Doug Carrell: Regional Operations Coordinator, formerly Southwest Regional Consultant

Larry Carmona: Southwest Regional Consultant

Shaina Livermore: Administrative Assistant North Region

John Sanders: EMS-C Program Specialist

Tawni Newton : EMS Credentialing Manager, formerly Provider Resources Coordinator. The Credentialing Manager position was previously the Certification and Licensure Coordinator

Departures:

Bruce Cheeseman: previous Certification and Licensure Coordinator, moved to a new position with Boise Fire

Jim Alter: retired in June from the Regional Operations Coordinator position

Gary Brookshire: previously holding the North Regional Consultant position, moved on to a new position as the Bonner County EMS Chief

Pending:

The EMS Bureau is currently in the process of filling the North Regional Consultant position as well as a newly created position of EMS Section Manager.

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RETURN SERVICE REQUESTED



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EMSAC Membership

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Murry Sturkie, D.O., Boise	Idaho Medical Association	Emsdoc@cableone.net
Vacant	Committee on Trauma of the ID Chapter of American College of Surgeons	

EMSAC Members may also be contacted through the State EMS Office (208) 334-4000